

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/927698</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/							
2				/						
3				/						
4				/						
5				/						
6				/						
7				/						
8				/						
9				/						
10				/						
11				/						
12				/						
13				/						
14				/						
15				/						
16			/							
17				/						
18			/							
19				/						
20				/						
21				/						
22				/						
23				/						
24				/						
25				/						
26				/						
27				/						
28				/						
29			/							
30				/						
31			/							
32				/						
33				/						
34				/						
35				/						
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
Total Indep	↙		5		↙		↙		↙	
Total Depend	↖		30		↖		↖		↖	
Total Claims			35							